

INSURANCE DIVISION[191]

[Prior to 10/22/86, see Insurance Department[510], renamed Insurance Division[191] under the “umbrella” of Department of Commerce by the 1986 Iowa Acts, Senate File 2175]

ORGANIZATION AND PROCEDURES

CHAPTER 1

ORGANIZATION OF DIVISION

- 1.1(502,505) Organization
- 1.2(502,505) Location
- 1.3(22) Public information and inspection of records

CHAPTER 2

PETITION FOR DECLARATORY RULINGS

(Uniform Rules)

- 2.1(17A) Petition for declaratory rulings
- 2.3(17A) Inquiries

CHAPTER 3

ADMINISTRATIVE HEARINGS OF CONTESTED CASES

- 3.1(17A,502,505) Scope of rules
- 3.2(17A,502,505) Definitions
- 3.3(17A,502,505) Informal settlement
- 3.4(17A,502,505) Consolidated hearings
- 3.5(17A,502,505) Summary orders
- 3.6(17A,502,505) Notice and time of hearing
- 3.7(17A,502,505) Prehearing conference
- 3.8(17A,502,505) Conduct of proceedings
- 3.9(17A,502,505) Witness fees
- 3.10(17A,502,505) Subpoenas
- 3.11(17A,502,505) Evidence having probative value
- 3.12(17A,502,505) Copies of evidence
- 3.13(17A,502,505) Official notice
- 3.14(17A,502,505) Default
- 3.15(17A,502,505) Appeals
- 3.16(17A,502,505) Ex parte communications
- 3.17(522) Agents disciplined in other jurisdictions

CHAPTER 4

PETITION FOR RULE MAKING

(Uniform Rules)

- 4.1(17A) Petition for rule making
- 4.3(17A) Inquiries

GENERAL RULE-MAKING PROCEDURES

- 4.5(502,505) Public hearings
- 4.6(502,505) Notice of public hearing
- 4.7(502,505) Presiding officer

REGULATION OF INSURERS

CHAPTER 5

REGULATION OF INSURERS—

GENERAL PROVISIONS

- 5.1(507) Examination reports
- 5.2(505,507) Examination for admission
- 5.3(507,508,515) Submission of quarterly financial information
- 5.4(505,508,515,520) Surplus notes
- 5.5(505,515,520) Maximum allowable premium volume
- 5.6(505,515,520) Treatment of various items on the financial statement
- 5.7(505) Ordering withdrawal of domestic insurers from states
- 5.8(505) Monitoring
- 5.9(505) Rate filings
- 5.10(511) Life companies—permissible investments
- 5.11(511) Investment of funds
- 5.12(515) Collateral loans
- 5.13(508,515) Loans to officers, directors, employees, etc.
- 5.14 to 5.19 Reserved
- 5.20(508) Computation of reserves

UNEARNED PREMIUM RESERVES ON

MORTGAGE GUARANTY INSURANCE POLICIES

- 5.21(515C) Unearned premium reserve factors
- 5.22(515C) Contingency reserve
- 5.23(507C) Standards
- 5.24(507C) Commissioner’s authority
- 5.25(505) Annual audited financial reports
- 5.26(508,515) Participation in the NAIC Insurance Regulatory Information System
- 5.27(508,515,520) Asset valuation
- 5.28(508,515,520) Risk-based capital and surplus
- 5.29(508,515) Actuarial certification of reserves
- 5.30(515) Single maximum risk—fidelity and surety risks
- 5.31(515) Reinsurance contracts
- 5.32(511,515) Investments in medium grade and lower grade obligations

- 5.33(510) Credit for reinsurance
- 5.34(508) Actuarial opinion and memorandum
- 5.35 to 5.39 Reserved
- 5.40(515) Premium tax
- 5.41(508) Tax on gross premiums—life companies
- 5.42(515) Capital stock requirements for writing multiple lines
- 5.43(510) Managing general agents
- DISCLOSURE OF MORTGAGE LOAN APPLICATIONS
- 5.44 to 5.49 Reserved
- 5.50(535A) Purpose
- 5.51(535A) Definitions
- 5.52(535A) Filing of reports
- 5.53(535A) Form and content of reports
- 5.54(535A) Additional information required
- 5.55(535A) Written complaints
- 5.56 to 5.89 Reserved
- 5.90(145) Implementation of health data commission directives

CHAPTER 6 ORGANIZATION OF DOMESTIC INSURANCE COMPANIES

- 6.1(506) Definitions
- 6.2(506) Promoters contributions
- 6.3(506) Escrow
- 6.4(506) Alienation
- 6.5(506) Sales to promoters
- 6.6(506) Options
- 6.7(506) Qualifications of management
- 6.8(506) Chief executive
- 6.9(506) Directors

CHAPTER 7 DOMESTIC STOCK INSURERS PROXIES

- PROXY REGULATIONS
- 7.1(523) Application of regulation
- 7.2(523) Proxies, consents and authorizations
- 7.3(523) Disclosure of equivalent information
- 7.4(523) Definitions
- 7.5(523) Information to be furnished to stockholders
- 7.6(523) Requirements as to proxy
- 7.7(523) Material required to be filed
- 7.8(523) False or misleading statements
- 7.9(523) Prohibition of certain solicitations
- 7.10(523) Special provisions applicable to election contests

SCHEDULE A INFORMATION REQUIRED IN PROXY STATEMENT

SCHEDULE B INFORMATION TO BE INCLUDED IN STATEMENTS FILED BY OR ON BEHALF OF A PARTICIPANT (OTHER THAN THE INSURER) IN A PROXY SOLICITATION IN AN ELECTION CONTEST

POLICYHOLDER PROXY SOLICITATION

- 7.11(523) Application
- 7.12(523) Conditions—revocation
- 7.13(523) Filing proxy
- 7.14(523) Solicitation by agents—use of funds

CHAPTER 8 BENEVOLENT ASSOCIATIONS

- 8.1 and 8.2 Reserved
- 8.3(512A) Organization
- 8.4(512A) Membership
- 8.5(512A) Fees, dues and assessments
- 8.6(512A) Reserve fund
- 8.7(512A) Certificates
- 8.8(512A) Beneficiaries
- 8.9(512A) Mergers
- 8.10(512A) Directors and officers
- 8.11(512A) Stockholders
- 8.12(512A) Bookkeeping and accounts

CHAPTER 9 REPORTING REQUIREMENTS ON LICENSES

- 9.1(272C) Definitions
- 9.2(272C) Insurer's duties
- 9.3(272C) Commissioner's duties

INSURANCE AGENTS

CHAPTER 10 LICENSING OF INSURANCE PRODUCERS

- 10.1(522) Purpose and authority
- 10.2(522) Definitions
- 10.3(522) Examinations
- 10.4(522) Exemptions from examination requirement
- 10.5(522) Licensing of resident producers
- 10.6(522) Licensing of nonresident producers

- 10.7(522) License qualifications
- 10.8(522) Licensing of an insurance agency
- 10.9(522) Commissions
- 10.10(522) Issuance of clearance letters
- 10.11(522) Issuance of certification letters
- 10.12(522) Renewals
- 10.13(522) License reinstatement
- 10.14(522) Licensing after revocation or voluntary surrender of license
- 10.15(522) Change in name and address
- 10.16(522) Appointment requisition procedures
- 10.17(522) Renewal of company appointments
- 10.18(522) Cancellation of appointments
- 10.19(522) Appointment lost through merger
- 10.20(522) Temporary permits
- 10.21(522) Fees and costs
- 10.22(522) Reporting of actions
- 10.23(522) Violations and penalties
- 10.24(252J) Suspension for failure to pay child support

CHAPTER 11
CONTINUING EDUCATION FOR
INSURANCE PRODUCERS

- 11.1(272C) Statutory authority—purpose—applicability
- 11.2(272C) Definitions
- 11.3(272C) Continuing education requirements for producers unless exempted under subrule 11.1(3)
- 11.4(272C) Proof of completion of continuing education requirements
- 11.5(272C) Course approval
- 11.6(272C) Provider's responsibilities
- 11.7(272C) Enforcement—providers
- 11.8(272C) Enforcement—producer compliance
- 11.9(272C) Fees and costs

CHAPTER 12
PORT OF ENTRY REQUIREMENTS

- 12.1(508,515) Purpose
- 12.2(508,515) Trust and other admission requirements

- 12.3(508,515) Examination and preferred supervision
- 12.4(508,515) Surplus required
- 12.5(508,515) Investments

CHAPTER 13
Reserved

UNFAIR TRADE PRACTICES

CHAPTER 14
LIFE INSURANCE ILLUSTRATIONS
MODEL REGULATION

- 14.1(507B) Purpose
- 14.2(507B) Authority
- 14.3(507B) Applicability and scope
- 14.4(507B) Definitions
- 14.5(507B) Policies to be illustrated
- 14.6(507B) General rules and prohibitions
- 14.7(507B) Standards for basic illustrations
- 14.8(507B) Standards for supplemental illustrations
- 14.9(507B) Delivery of illustration and record retention
- 14.10(507B) Annual report; notice to policyowners
- 14.11(507B) Annual certifications
- 14.12(507B) Penalties
- 14.13(507B) Separability
- 14.14(507B) Effective date

CHAPTER 15
UNFAIR TRADE PRACTICES

- 15.1(507B) Purpose
- 15.2(507B) Definitions
- 15.3(507B) Advertising
- 15.4(507B) Life insurance cost and benefit disclosure requirements
- 15.5(507B) Health insurance sales to persons 65 years of age or older
- 15.6(507B) Preneed funeral contracts or prearrangements
- 15.7(507B) Twisting prohibited
- 15.8(507B) Sales presentation guidelines
- 15.9(507B) Right to return a life insurance policy or annuity (free-look)

- 15.10(507B) Uninsured/underinsured automobile coverage—notice required
- 15.11(507B) Unfair discrimination
- 15.12(507B) Testing restrictions of insurance applications for the human immunodeficiency virus
- 15.13(507B) Records maintenance
- 15.14(507B) Enforcement section—cease and desist and penalty orders

CHAPTER 16

REPLACEMENT OF LIFE INSURANCE AND ANNUITIES

- 16.1(507B) Purpose and authority
- 16.2(507B) Definition of replacement
- 16.3(507B) Other definitions
- 16.4(507B) Exemptions
- 16.5(507B) Duties of agents and brokers
- 16.6(507B) Duties of all insurers
- 16.7(507B) Duties of insurers that use agents or brokers
- 16.8(507B) Duties of insurers with respect to direct response sales
- 16.9(507B) Penalties
- 16.10(507B) Severability

CHAPTER 17

LIFE AND HEALTH REINSURANCE AGREEMENTS

- 17.1(508) Authority and purpose
- 17.2(508) Scope
- 17.3(508) Accounting requirements
- 17.4(508) Written agreements
- 17.5(508) Existing agreements

CHAPTER 18

CEMETERIES

- 18.1(523I,566A) Perpetual care cemeteries
- 18.2(523I,566A) Administration
- 18.3(523I,566A) Public access to hearings
- 18.4 Reserved
- 18.5(523I,566A) Forms—content
- 18.6(523I,566A) Annual report by perpetual care cemeteries
- 18.7(523I,566A) Annual reports and perpetual care cemetery permits

CHAPTER 19 PREARRANGED FUNERAL CONTRACTS RULES OF GENERAL APPLICABILITY

- 19.1(523A,523E) Purpose
- 19.2(523A,523E) Definitions
- 19.3(523A,523E) Titles
- 19.4(523A,523E) Scope
- 19.5 to 19.9 Reserved
- 19.10(523A,523E) Administration
- 19.11(523A,523E) Misrepresentations of government approval
- 19.12(523A,523E) Public access to hearings
- 19.13(523A,523E) Public access to records
- 19.14(523A,523E) Compliance with other laws
- 19.15(523A,523E) Fees
- 19.16(523A,523E) Forms—content
- 19.17 to 19.19 Reserved
- 19.20(523A,523E) Sales permits
- 19.21(523A,523E) Permits not transferable
- 19.22(523A,523E) Denial, suspension or revocation of permits
- 19.23(523A,523E) Certificates of authority
- 19.24 Reserved
- 19.25(252J) Denial, suspension or revocation of sales permit for failure to pay child support
- 19.26 to 19.29 Reserved
- 19.30(523A,523E) Termination of business—records
- 19.31(523A,523E) Records
- 19.32(523A,523E) Annual reports
- 19.33 to 19.39 Reserved
- 19.40(523A,523E) Trust funds
- 19.41(523A,523E) Trust instruments
- 19.42(523A,523E) Investment of trust funds
- 19.43(523A,523E) Burial accounts
- 19.44(523A,523E) Delivered or warehoused merchandise
- 19.45 Reserved
- 19.46(523A,523E) Insurance funding
- 19.47 to 19.49 Reserved
- 19.50(523A,523E) Orders
- 19.51(523A,523E) Investigations and subpoenas

- 19.52(523A,523E) Audits
 19.53 to 19.59 Reserved
 RULES THAT APPLY ONLY TO
 IOWA CODE SUPPLEMENT CHAPTER 523A
 19.60(523A) Consumer price index
 adjustment

- 19.61 to 19.69 Reserved
 RULES THAT APPLY ONLY TO
 IOWA CODE SUPPLEMENT CHAPTER 523E
 19.70(523E) Funds deposited at financial
 institutions
 19.71(523E) Warehoused cemetery
 merchandise

*PROPERTY AND CASUALTY
 INSURANCE*

CHAPTER 20
 PROPERTY AND CASUALTY
 INSURANCE RATE AND FORM
 FILING PROCEDURES

- 20.1(515,515A,515C,518,518A,520)
 General requirements
 20.2(515,515A,515C,518,518A,520)
 Filing synopsis
 20.3(515,515A,515C,518,518A,520)
 Letter of transmittal
 20.4(515,515C,518,518A,520)
 Policy form filing
 20.5(515A) Rate or manual rule filing
 20.6(515A) Exemption from filing
 requirement
 20.7(515E) Risk retention and purchasing
 groups
 20.8(515A) Rate filings for crop-hail
 insurance
 20.9(515F) Licensing advisory organization
 20.10(515F) Exemptions
 20.11(515) Exemption from form and rate
 filing requirements

CHAPTER 21
 SURPLUS LINES REQUIREMENTS

- 21.1(515) Definitions
 21.2(515) Nonadmitted insurer's duties
 21.3(515) Agents' duties
 21.4(515) Agents' duty to insured; evidence
 of coverage
 21.5(515) Procedures for qualification as a
 nonadmitted insurer
 21.6(515) Risk retention groups

CHAPTER 22
 FINANCIAL GUARANTY INSURANCE

- 22.1(515C) Definitions
 22.2(515) Financial requirements and
 reserves

CHAPTER 23
 MOTOR VEHICLE SERVICE
 CONTRACTS

- 23.1(321I) Purpose
 23.2(321I) Applicability and scope
 23.3(321I) Title
 23.4(321I) Application of insurance laws
 23.5(321I) Exemption
 23.6(321I) Administration
 23.7(321I) Public information and
 inspection of records
 23.8(321I) Public access to hearings
 23.9 Reserved
 23.10(321I) Filing procedures
 23.11(321I) Service of process
 23.12(321I) Fees
 23.13(321I) Forms
 23.14 to 23.19 Reserved
 23.20(321I) Filing requirements
 23.21(321I) Misrepresentations of
 government approval
 23.22(321I) Prohibited acts—unfair or
 deceptive trade practices
 23.23(321I) Disclosures
 23.24(321I) Records
 23.25(321I) Cancellation of a reimbursement
 insurance policy
 23.26 to 23.29 Reserved
 23.30(321I) Violations
 23.31(321I) Procedure for public complaints
 23.32(321I) Investigations and subpoenas
 23.33(321I) Audits
 23.34(321I) Orders

CHAPTER 24 IOWA RETIREMENT FACILITIES

- 24.1(523D) Purpose
- 24.2(523D) Title
- 24.3(523D) Definitions
- 24.4(523D) Administration
- 24.5(523D) Misrepresentations
- 24.6(523D) Complaints
- 24.7(523D) Address for filings
- 24.8(523D) Fees
- 24.9(523D) Forms
- 24.10(523D) Financial statements, studies, and forecasts
- 24.11(523D) Amendments to the disclosure statement
- 24.12(523D) Standards for the disclosure statement

CHAPTERS 25 and 26 Reserved

CHAPTER 27 PREFERRED PROVIDER ARRANGEMENTS

- 27.1(514F) Purpose
- 27.2(514F) Definitions
- 27.3(514F) Preferred provider arrangements
- 27.4(514F) Health benefit plans
- 27.5(514F) Preferred provider participation requirements
- 27.6(514F) General requirements
- 27.7(514F) Civil penalties
- 27.8(514F) Health care insurer requirements

CHAPTER 28 CREDIT LIFE AND CREDIT ACCIDENT AND HEALTH INSURANCE

- 28.1(509) Purpose
- 28.2(509) Definitions
- 28.3(509) Rights and treatment of debtors
- 28.4(509) Policy forms and related material
- 28.5(509) Determination of reasonableness of benefits in relation to premium charge
- 28.6 Reserved
- 28.7(509) Credit life insurance rates
- 28.8(509) Credit accident and health insurance
- 28.9(509) Refund formulas

- 28.10(509) Experience reports and adjustment of prima facie rates
- 28.11(509) Use of rates—direct business only
- 28.12(509) Supervision of credit insurance operations
- 28.13(509) Prohibited transactions
- 28.14(509) Disclosure and readability
- 28.15(509) Severability
- 28.16(509) Effective date
- 28.17(509) Fifteen-day free examination

CHAPTER 29 CONTINUATION RIGHTS UNDER GROUP ACCIDENT AND HEALTH INSURANCE POLICIES

- 29.1(509B) Definitions
- 29.2(509B) Notice regarding continuation rights
- 29.3(509B) Qualifying events for continuation rights
- 29.4(509B) Interplay between chapter 509B and COBRA
- 29.5(509B) Effective date for compliance

LIFE AND HEALTH INSURANCE

CHAPTER 30 LIFE INSURANCE POLICIES

- 30.1(508) Purpose
- 30.2(508) Scope
- 30.3(508) Definitions
- 30.4(508) Prohibitions, regulations and disclosure requirements
- 30.5(508) General filing requirements
- 30.6(508) Backdating of life policies
- 30.7(508,515) Expiration date of policy vs. charter expiration date

CHAPTER 31 LIFE INSURANCE COMPANIES— VARIABLE ANNUITIES CONTRACTS

- 31.1(508) Definitions
- 31.2(508) Insurance company qualifications
- 31.3(508) Filing, policy forms and provision
- 31.4(508) Separate account or accounts and investments
- 31.5(508) Required reports
- 31.6(508) Examination of agents and other persons
- 31.7(508) Foreign companies

CHAPTER 32
DEPOSITS BY A DOMESTIC LIFE
COMPANY IN A CUSTODIAN BANK
OR CLEARING CORPORATION

- 32.1(508) Purpose
- 32.2(508) Definitions
- 32.3(508) Requirements upon custodial
account and custodial
agreement
- 32.4(508) Requirements upon custodians
- 32.5(508,511) Deposit of securities

CHAPTER 33
VARIABLE LIFE INSURANCE
MODEL REGULATION

- 33.1(508A) Authority
- 33.2(508A) Definitions
- 33.3(508A) Qualification of insurer to
issue variable life insurance
- 33.4(508A) Insurance policy requirements
- 33.5(508A) Reserve liabilities for variable
life insurance
- 33.6(508A) Separate accounts
- 33.7(508A) Information furnished to
applicants
- 33.8(508A) Applications
- 33.9(508A) Reports to policyholders
- 33.10(508A) Foreign companies
- 33.11(508A) Qualifications of agents for the
sale of variable life insurance
- 33.12(508A) Separability article

CHAPTER 34
NONPROFIT HEALTH SERVICE
CORPORATIONS

- 34.1(514) Purpose
- 34.2(514) Definitions
- 34.3(514) Annual report requirements
- 34.4(514) Arbitration
- 34.5(514) Filing requirements
- 34.6(514) Participating hospital contracts
- 34.7(514) Composition, nomination, and
election of board of directors

CHAPTER 35
ACCIDENT AND HEALTH INSURANCE

- 35.1(509) Purpose
- 35.2(509) Scope
- 35.3(509) Definitions
- 35.4(509) Required provisions

- 35.5(509) Application and certificates not
required
- 35.6(509) Facility of payment
- 35.7(509) General filing requirements
- 35.8 to 35.19 Reserved
- 35.20(509A) Life and health self-funded plans
- 35.21(509) Review of certificates issued
under group policies

LARGE GROUP HEALTH INSURANCE COVERAGE

- 35.22(509) Purpose
- 35.23(509) Definitions
- 35.24(509) Eligibility to enroll
- 35.25(509) Special enrollments
- 35.26(509) Group health insurance coverage
policy requirements
- 35.27(509) Methods of counting creditable
coverage
- 35.28(509) Certificates of creditable
coverage
- 35.29(509) Notification requirements

CHAPTER 36
INDIVIDUAL ACCIDENT AND HEALTH—
MINIMUM STANDARDS

- 36.1(514D) Purpose
- 36.2(514D) Applicability and scope
- 36.3(514D) Effective date
- 36.4(514D) Policy definitions
- 36.5(514D) Prohibited policy provisions
- 36.6(514D) Accident and sickness minimum
standards for benefits
- 36.7(514D) Required disclosure provisions
- 36.8(507B) Requirements for replacement
- 36.9(514D) Filing requirements
- 36.10(514D) Loss ratios
- 36.11(514D) Certification
- 36.12(514D) Severability

CHAPTER 37
MEDICARE SUPPLEMENT
INSURANCE MINIMUM STANDARDS

- 37.1(514D) Purpose
- 37.2(514D) Applicability and scope
- 37.3(514D) Definitions
- 37.4(514D) Policy definitions and terms
- 37.5(514D) Policy provisions
- 37.6(514D) Minimum benefit standards for
policies or certificates
issued for delivery prior to
January 1, 1992

- 37.7(514D) Benefit standards for policies or certificates issued or delivered on or after January 1, 1992
- 37.8(514D) Standard Medicare supplement benefit plans
- 37.9(514D) Medicare Select policies and certificates
- 37.10(514D) Open enrollment
- 37.11(514D) Standards for claims payment
- 37.12(514D) Loss ratio standards and refund or credit of premium
- 37.13(514D) Filing and approval of policies and certificates and premium rates
- 37.14(514D) Permitted compensation arrangements
- 37.15(514D) Required disclosure provisions
- 37.16(514D) Requirements for application forms and replacement coverage
- 37.17(514D) Filing requirements for advertising
- 37.18(514D) Standards for marketing
- 37.19(514D) Appropriateness of recommended purchase and excessive insurance
- 37.20(514D) Reporting of multiple policies
- 37.21(514D) Prohibition against preexisting conditions, waiting periods, elimination periods and probationary periods in replacement policies or certificates
- 37.22(514D) Separability
- 37.23(514D) Prohibition against using SHIP prepared materials

CHAPTER 38

COORDINATION OF BENEFITS

- 38.1(509,514) Purpose
- 38.2(509,514) Applicability
- 38.3(509,514) Definitions
- 38.4(509,514) Model COB contract provision
- 38.5(509,514) Order of benefits
- 38.6(509,514) Reduction in a plan's benefits when it is secondary—general

- 38.7(509,514) Reasonable cash value of services
- 38.8(509,514) Excess and other nonconforming provisions
- 38.9(509,514) Allowable expense
- 38.10(509,514) Subrogation
- 38.11(509,514) Effective date—existing contracts

CHAPTER 39

LONG-TERM CARE INSURANCE

- 39.1(514G) Purpose
- 39.2(514G) Authority
- 39.3(514G) Applicability and scope
- 39.4(514G) Definitions
- 39.5(514G) Policy definitions
- 39.6(514G) Policy practices and provisions
- 39.7(514G) Required disclosure provisions
- 39.8(514G) Prohibition against postclaims underwriting
- 39.9(514D,514G) Minimum standards for home health care benefits in long-term care insurance policies
- 39.10(514D,514G) Requirement to offer inflation protection
- 39.11(514D,514G) Requirements for application forms and replacement coverage
- 39.12(514G) Reserve standards
- 39.13(514D) Loss ratio
- 39.14(514G) Filing requirement
- 39.15(514D,514G) Standards for marketing
- 39.16(514D,514G) Appropriateness of recommended purchase
- 39.17(514G) Prohibition against preexisting conditions and probationary periods in replacement policies or certificates
- 39.18(514G) Standard format outline of coverage
- 39.19(514G) Requirement to deliver shopper's guide
- 39.20(514G) Policy summary and delivery of life insurance policies with long-term care riders

- 39.21(514G) Reporting requirement for long-term care benefits funded through life insurance by acceleration of the death benefit
- 39.22(514G) Unintentional lapse

CHAPTER 40
HEALTH MAINTENANCE
ORGANIZATIONS

(HEALTH AND INSURANCE—JOINT RULES)

- 40.1(514B) Definitions
- 40.2(514B) Application
- 40.3(514B) Inspection of evidence of coverage
- 40.4(514B) Governing body and enrollee representation
- 40.5(514B) Quality of care
- 40.6(514B) Change of name
- 40.7(514B) Change of ownership
- 40.8(514B) Termination of services
- 40.9(514B) Complaints
- 40.10(514B) Cancellation of enrollees
- 40.11(514B) Application for certificate of authority
- 40.12(514B) Deposit requirements
- 40.13(514B) Fidelity bond
- 40.14(514B) Annual report
- 40.15(514B) Cash or asset management agreements
- 40.16(514B) Deductibles and coinsurance charges
- 40.17(514B) Reinsurance
- 40.18(514B) Provider contracts
- 40.19(514B) Agents' duties
- 40.20(514B) Emergency services
- 40.21(514B) Reimbursement
- 40.22(514B) Health maintenance organization requirements

CHAPTER 41
Reserved

CHAPTER 42
GENDER-BLENDED MINIMUM
NONFORFEITURE STANDARDS FOR LIFE
INSURANCE

- 42.1(508) Purpose
- 42.2(508) Definitions
- 42.3(508) Use of gender-blended mortality tables
- 42.4(508) Unfair discrimination
- 42.5(508) Separability

CHAPTER 43
ANNUITY MORTALITY TABLES
FOR USE IN DETERMINING
RESERVE LIABILITIES
FOR ANNUITIES

- 43.1(508) Purpose
- 43.2(508) Definitions
- 43.3(508) Individual annuity or pure endowment contracts
- 43.4(508) Group annuity or pure endowment contracts
- 43.5(508) Separability

CHAPTER 44
SMOKER/NONSMOKER
MORTALITY TABLES FOR USE IN
DETERMINING MINIMUM RESERVE
LIABILITIES AND NONFORFEITURE
BENEFITS

- 44.1(508) Purpose
- 44.2(508) Definitions
- 44.3(508) Alternate tables
- 44.4(508) Conditions
- 44.5(508) Separability

*INSURANCE HOLDING
COMPANY SYSTEMS*

CHAPTER 45
INSURANCE HOLDING
COMPANY SYSTEMS

- 45.1(521A) Purpose
- 45.2(521A) Definitions
- 45.3(521A) Subsidiaries of domestic insurers
- 45.4(521A) Control acquisition of domestic insurer

45.5(521A)	Registration of insurers	50.4(502)	Minimum financial requirements and financial reporting requirements of broker-dealers
45.6(521A)	Alternative and consolidated registrations		
45.7(521A)	Exemptions	50.5 and 50.6	Reserved
45.8(521A)	Disclaimers and termination of registration	50.7(502)	Cost of examination
45.9(521A)	Transactions subject to prior notice—notice filing	50.8(502)	Registration of agents and issuers
45.10(521A)	Extraordinary dividends and other distributions	50.9(502)	Dishonest or unethical practices in the securities business
		50.10(502)	Unsolicited order exemption
		50.11(252J)	Denial, suspension or revocation of license for failure to pay child support
		50.12(502)	Rules of conduct
		50.13(502)	Offers on the Internet
		50.14(502)	Notice filing procedures for rule 506 offerings
		50.15(502)	Investment contract defined
		50.16(502)	Uniform limited offering exemption
		50.17(502)	Commissions on limited offerings
		50.18(502)	Withdrawal of exemptions
		50.19(502)	Annual report to shareholders
		50.20(502)	Annual reports filed with the administrator
		50.21(502)	Continuing education requirements
		50.22(502)	Registration for small corporate offerings
		50.23(502)	Form of financial statements
		50.24(502)	Consent to service
		50.25(502)	Advertising
		50.26(502)	Trust indenture requirements
		50.27(502)	Delivery of prospectus
		50.28(502)	Amendments to registration
		50.29(502)	Filing in coordination
		50.30(502)	Reports for qualification
		50.31 and 50.32	Reserved
		50.33(502)	Limited registration of Canadian broker-dealers and agents
		50.34(502)	Agent exclusion
		50.35 to 50.42	Reserved
		50.43(502)	Fraudulent practices
		50.44(502)	Rescission offers
CHAPTER 46			
MUTUAL HOLDING COMPANIES			
46.1(521A)	Purpose		
46.2(521A)	Definitions		
46.3(521A)	Application—contents—process		
46.4(521A)	Plan of reorganization		
46.5(521A)	Duties of the commissioner		
46.6(521A)	Regulation—compliance		
46.7(521A)	Reorganization of domestic mutual insurer with mutual insurance holding company		
46.8(521A)	Reorganization of foreign mutual insurer with mutual insurance holding company		
46.9(521A)	Mergers of mutual insurance holding companies		
46.10(521A)	Stock offerings		
46.11(521A)	Regulation of holding company system		
46.12(521A)	Reporting of stock ownership and transactions		
CHAPTERS 47 to 49			
Reserved			
SECURITIES			
CHAPTER 50			
REGULATION OF SECURITIES OFFERINGS AND THOSE WHO ENGAGE IN THE SECURITIES BUSINESS			
50.1(502)	Broker-dealer applications, updates, and renewals		
50.2(502)	Principals		
50.3(502)	Record-keeping requirements of broker-dealers		

50.45(502)	Definition of offer	CHAPTERS 51 to 53
50.46(502)	Institutional buyer exemption	Reserved
50.47(502)	National Securities Exchange— exemption	CHAPTER 54
50.48(502)	Multijurisdictional disclosure system	RESIDENTIAL SERVICE CONTRACTS
50.49	Reserved	54.1(523C) Purpose
50.50(502)	Registration and renewals of open-end management investment companies, unit investment trusts and face amount certificate companies	54.2(523C) Definitions
50.51(502)	Notice filings for offerings of investment company securities	54.3(523C) Title
50.52 and 50.53	Reserved	54.4(523C) Scope
50.54(502)	Rankings or ratings of direct participation programs	54.5(523C) Application of insurance laws
50.55 and 50.56	Reserved	54.6(523C) Exemptions
50.57(502)	NASAA guidelines	54.7 to 54.9 Reserved
50.58 to 50.78	REAL ESTATE PROGRAM Reserved	54.10(523C) Administration
50.79(502)	Act defined	54.11(523C) Misrepresentations of government approval
50.80	Reserved	54.12(523C) Public access to hearings
50.81(502)	Brokerage services by national and state banks	54.13(523C) Public access to records
50.82(502)	Broker-dealers having contracts with national and state banks	54.14(523C) Procedure for public complaints
50.83(502)	Brokerage services by credit unions, savings banks and savings and loan institutions	54.15(523C) Fees
50.84(502)	Broker-dealers having contracts with credit unions, savings banks and savings institutions	54.16(523C) Forms
50.85(502)	Filing requirements for agricultural cooperative associations	54.17 to 54.19 Reserved
50.86 to 50.89	Reserved	54.20(523C) Service company licenses
50.90(502)	World class foreign issuer exemption	54.21(523C) Suspension or revocation of license
50.91(502)	Solicitations of interest prior to the filing of the registration statement	54.22(523C) Licenses not transferable
50.92(502)	Streamlined registration for certain equity securities	54.23 to 54.29 Reserved
50.93(502)	Manual or electronically available information exemption	54.30(523C) Forms of contracts
		54.31 to 54.39 Reserved
		54.40(523C) Cessation of business—records
		54.41(523C) Records
		54.42(523C) Annual reports
		54.43 to 54.49 Reserved
		54.50(523C) Prohibited acts or practices
		54.51(523C) Orders
		54.52(523C) Investigations and subpoenas
		54.53(523C) Audits
		CHAPTER 55
		IOWA BUSINESS OPPORTUNITY SALES ACT
		55.1(523B) Definitions and interpretations
		55.2(523B) Jurisdictional authority
		55.3(523B) Registration application procedure
		55.4(523B) Exemption application procedure
		55.5(523B) Surety bond, trust account or letter of credit

- 55.6(523B) Orders
- 55.7(523B) Investigations and subpoenas
- 55.8(523B) Forms
- 55.9(523B) Fees

CHAPTER 56

WORKERS' COMPENSATION GROUP SELF-INSURANCE

- 56.1(87,505) General provisions
- 56.2(87,505) Definitions
- 56.3(87,505) Requirements for self-insurance
- 56.4 Reserved
- 56.5(87,505) Excess insurance
- 56.6(87,505) Rates and reporting of rates
- 56.7(87,505) Special provisions
- 56.8(87,505) Certificate of approval;
termination
- 56.9(87,505) Examinations
- 56.10(87,505) Board of trustees—
membership, powers,
duties, and prohibitions
- 56.11(87,505) Association membership;
termination; liability
- 56.12(87,505) Requirements of sales agents
- 56.13(87,505) Requirements for continued
approval
- 56.14(87,505) Misrepresentation prohibited
- 56.15(87,505) Investments
- 56.16(87,505) Refunds
- 56.17(87,505) Premium payment; reserves
- 56.18(87,505) Deficits and insolvencies
- 56.19(87,505) Grounds for nonrenewal or
revocation of a certificate
of relief from insurance
- 56.20(87,505) Hearing and appeal
- 56.21(87,505) Existing approved self-
insurers
- 56.22(87,505) Severability clause

CHAPTER 57

WORKERS' COMPENSATION SELF-INSURANCE FOR INDIVIDUAL EM- PLOYERS

- 57.1(87,505) General provisions
- 57.2(87,505) Definitions
- 57.3(87,505) Requirements for self-insurance
- 57.4(87,505) Additional security requirements
- 57.5(87,505) Application for an individual
self-insurer

- 57.6 Reserved
- 57.7(87,505) Excess insurance
- 57.8(87,505) Insolvency
- 57.9(87,505) Renewals
- 57.10(87,505) Periodic examination
- 57.11(87,505) Grounds for nonrenewal or
revocation of a certificate
of relief from insurance
- 57.12(87,505) Hearing and appeal
- 57.13(87,505) Existing approved self-
insurers
- 57.14(87,505) Severability clause

CHAPTER 58

THIRD-PARTY ADMINISTRATORS

- 58.1(510) Purpose
- 58.2(510) Definitions
- 58.3(510) Application
- 58.4(510) Application by corporation,
association or benefit society
- 58.5(510) Surety bond
- 58.6(510) Waiver procedure
- 58.7(510) Change of information
- 58.8(510) Inquiry by commissioner
- 58.9(510) Renewal procedure
- 58.10(510) Periodic examination
- 58.11(510) Grounds for denial, nonrenewal,
suspension or revocation of
certificate
- 58.12(510) Hearing and appeal
- 58.13(510) Severability clause

CHAPTERS 59 to 69

Reserved

MANAGED HEALTH CARE

CHAPTER 70

UTILIZATION REVIEW

- 70.1(505,514F) Purpose
- 70.2(505,514F) Definitions
- 70.3(505,514F) Application
- 70.4(505,514F) Standards
- 70.5(505,514F) Retroactive application
- 70.6(505,514F) Variances allowed
- 70.7(505,514F) Confidentiality
- 70.8(76GA,ch1202) Utilization review of
postdelivery benefits
and care
- 70.9(505,507B,514F) Enforcement

*HEALTH BENEFIT PLANS*CHAPTER 71
SMALL GROUP HEALTH
BENEFIT PLANS

- 71.1(513B) Purpose
- 71.2(513B) Definitions
- 71.3(513B) Applicability and scope
- 71.4(513B) Establishment of classes of business
- 71.5(513B) Transition for assumptions of business from another carrier
- 71.6(513B) Restrictions relating to premium rates
- 71.7(513B) Requirement to insure entire groups
- 71.8(513B) Case characteristics
- 71.9(513B) Application to reenter state
- 71.10(513B) Creditable coverage
- 71.11(513B) Rules related to fair marketing
- 71.12(513B) Status of carriers as small employer carriers
- 71.13(513B) Restoration of coverage
- 71.14(513B) Basic health plan and standard health plan policy forms
- 71.15(513B) Methods of counting creditable coverage
- 71.16(513B) Certificates of creditable coverage
- 71.17(513B) Notification requirements
- 71.18(513B) Special enrollments

CHAPTER 72
LONG-TERM CARE ASSET
PRESERVATION PROGRAM

- 72.1(249G) Purpose
- 72.2(249G) Applicability and scope
- 72.3(249G) Definitions
- 72.4(249G) Qualification of long-term care insurance policies and certificates
- 72.5(249G) Standards for marketing
- 72.6(249G) Minimum benefit standards for qualifying policies and certificates
- 72.7(249G) Required policy and certificate provisions
- 72.8(249G) Prohibited provisions in certified policies or certificates
- 72.9(249G) Reporting requirements
- 72.10(249G) Maintaining auditing information

- 72.11(249G) Reporting on asset protection
- 72.12(249G) Preparing a service summary
- 72.13(249G) Plan of action
- 72.14(249G) Auditing and correcting deficiencies in issuer record keeping
- 72.15(249G) Separability

CHAPTER 73
HEALTH INSURANCE
PURCHASING COOPERATIVES

- 73.1(75GA,ch158) Purpose
- 73.2(75GA,ch158) Applicability and scope
- 73.3(75GA,ch158) Definitions
- 73.4(75GA,ch158) Division duties—
application—filing
requirements—
license—audits and
examinations
- 73.5(75GA,ch158) Fidelity bond—letter of credit
- 73.6(75GA,ch158) Annual report
- 73.7(75GA,ch158) Business plan
- 73.8(75GA,ch158) Participants
- 73.9(75GA,ch158) Health insurance
purchasing
cooperative—product
offerings—exemptions
- 73.10(75GA,ch158) Insurance risk
- 73.11(75GA,ch158) Rates
- 73.12(75GA,ch158) Election—disclosure and confidentiality
- 73.13(75GA,ch158) Structure—merger and consolidation
- 73.14(75GA,ch158) Conflict of interest
- 73.15(75GA,ch158) Nondiscrimination and retaliatory protections
- 73.16(75GA,ch158) Annual health insurance or health care benefits plan selection
- 73.17(75GA,ch158) License subject to conditions—waivers
- 73.18(75GA,ch158) Procedures
- 73.19(75GA,ch158) Data collection—quality evaluation
- 73.20(75GA,ch158) Examination—costs
- 73.21(75GA,ch158) Trade practices
- 73.22(75GA,ch158) Grounds for denial, nonrenewal, suspension or revocation of certificate
- 73.23(75GA,ch158) Hearing and appeal
- 73.24(75GA,ch158) Solvency

CHAPTER 74
HEALTH CARE ACCESS

- 74.1(505) Purpose
- 74.2(505) Applicability and scope
- 74.3(505) Definitions
- 74.4(505) Access to health care or health insurance for an employee
- 74.5(505) Employer participation
- 74.6(505) Violation of chapter

CHAPTER 75
IOWA INDIVIDUAL
HEALTH

BENEFIT PLANS

- 75.1(513C) Purpose
- 75.2(513C) Definitions
- 75.3(513C) Applicability and scope
- 75.4(513C) Establishment of blocks of business
- 75.5(513C) Transition for assumptions of business from another carrier or ODS
- 75.6(513C) Restrictions relating to premium rates
- 75.7(513C) Availability of coverage
- 75.8(513C) Disclosure of information
- 75.9(513C) Standards to ensure fair marketing
- 75.10(513C) Basic health benefit plan and standard health benefit plan policy forms
- 75.11(513C) Maternity benefit rider

CHAPTERS 76 to 79
Reserved

*INSURANCE COVERAGE FOR
PEDIATRIC PREVENTIVE SERVICES*

CHAPTER 80
WELL-CHILD CARE

- 80.1(505,514H) Purpose
- 80.2(505,514H) Applicability and scope
- 80.3(505,514H) Effective date
- 80.4(505,514H) Policy definitions
- 80.5(505,514H) Benefit plan

- CHAPTER 81
POSTDELIVERY BENEFITS AND CARE
- 81.1(76GA,ch1202) Purpose
 - 81.2(76GA,ch1202) Applicability and scope
 - 81.3(76GA,ch1202) Postdelivery benefits

CHAPTERS 82 to 99
Reserved

CHAPTER 100
COMMUNITY HEALTH MANAGEMENT
INFORMATION SYSTEM

- 100.1(144C) Authority and function
- 100.2(144C) Scope
- 100.3(144C) General definitions
- 100.4(144C) Organization
- 100.5(144C) Duties of the board
- 100.6(144C) Duties of the insurance division
- 100.7(144C) Advisory committees
- 100.8(144C) Confidentiality of information
- 100.9(144C) Transaction networks
- 100.10(144C) System implementation